

14 CV 1880

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKGuevaro José

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

N.Y.P.D. 25th Pct

- 1 Police officer John Doe
 - 2 Police officer John Doe
 - 3 Police officer John Doe
 - 4 Police officer John Doe
- and

N.Y.C. Dept of Corrections

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

COMPLAINT

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)Jury Trial: ☒ Yes ☐ No
(check one)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Guevaro José
 ID # 349-120-1991
 Current Institution ~~1500 Hazen~~ N.I.C.
 Address 1500 Hazen Street
East Elmhurst NY 11370

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name John Doe Shield # _____
 Where Currently Employed 25th Pct
 Address _____

Defendant No. 2 Name John Doe Shield # _____
 Where Currently Employed 25th Pct NY NY
 Address _____

Defendant No. 3 Name John Doe Shield # _____
 Where Currently Employed 25th Pct NY NY
 Address _____

Defendant No. 4 Name John Doe Shield # _____
 Where Currently Employed 25th Pct NY NY
 Address _____

Defendant No. 5 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? N/A

B. Where in the institution did the events giving rise to your claim(s) occur? N/A

C. What date and approximate time did the events giving rise to your claim(s) occur? JAN. 31 2012 PM hrs

D. Facts: ON Jan. 31, 2012 in the P.M. hrs as I came home from work I was assaulted by Two assailants possibly a Third (A Female) After that I really don't remember much, next thing I remember Jim at the 25th Pct in extreme pain all over my head but a lot worst on the left side of my Head- Neck and spinal cord. I don't know how I got to the 25th Pct but the brightness of the Pct lights started to bother me as I walked inside, the Pct I asked a number of times to use the bathroom Cause I felt nausea but nothing was coming up. I asked the officers that I needed medical attention but they — Ignored me. The next morning Feb 1 2012 as I was being transported to Central booking in NYC. I asked again that I needed a doctor and one of them told me I was going to see one in Central booking. While we driving to Central booking the officer on the passenger side was telling the one on the Driver side about how much over time he had made finally on Feb. 2 2012 I got some medical treatment but only was given 2 tylenols. Today I have a tumor like bump on the left side of my head with left eye & ear pain lost some vision have bleary vision and some lost of hearing also have nerve damage, headaches go beyond migraines also have neck and back pain, and most of the time I hear some type of drum inside my head.

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. yes I sustained blunt force trauma to the left side of my head neck and back also left eye

now I asked for medical treatment numerous times through second opinions and they keep giving me the round a round

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☐ No ☒

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes _____ No ☒ Do Not Know _____

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes _____ No ☒ Do Not Know _____

If YES, which claim(s)? _____

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes _____ No ☒

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes _____ No ☒

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

1. Which claim(s) in this complaint did you grieve? _____

N/A

2. What was the result, if any? _____

N/A

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. _____

N/A

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: _____

N/A

2. If you did not file a grievance but informed any officials of your claim, state who you

informed, when and how, and their response, if any: _____

N/A

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. _____

N/A

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. **Relief:**

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

I ask that the N.Y.P.D or any Law Enforcement agency if a Prisoner or Civilian asks for medical attention to take those matters serious cause they could be life threatening plus the N.Y.P.D are not medically trained for such situation.

For violating my right to get medical attention and for cruel and unusual punishment. the pain I'm going through.

I'm asking 20,000,000

On
these
claims

VI. Previous lawsuits:

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes _____ No ☒

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants N/A

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number N/A

4. Name of Judge assigned to your case N/A

5. Approximate date of filing lawsuit N/A

6. Is the case still pending? Yes _____ No ☒

If NO, give the approximate date of disposition N/A

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

N/A

On
other
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes _____ No ☒

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff N/A

Defendants N/A

2. Court (if federal court, name the district; if state court, name the county) N/A

3. Docket or Index number N/A

4. Name of Judge assigned to your case N/A

5. Approximate date of filing lawsuit N/A

6. Is the case still pending? Yes _____ No ☒

If NO, give the approximate date of disposition N/A

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

N/A

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 4 day of February, 2014

Signature of Plaintiff _____

Inmate Number _____

Institution Address _____

349-120-1991

1500 Hazen Street

East Elmhurst

NY 11370

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 4 day of February, 2014 I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff: _____

[Signature]